ARTICLE 44:06

CHILDREN'S SPECIAL HEALTH SERVICES

Chapter	
44:06:01	General operation.
44:06:02	Eligibility requirements.
44:06:03	Providers.
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CHAPTER 44:06:01

GENERAL OPERATION

Section 44:06:01:00 Definitions. 44:06:01:01 Program scope. 44:06:01:02 Transferred. 44:06:01:03 Repealed. 44:06:01:04 Transferred. 44:06:01:05 Diagnostic and consultation clinics. 44:06:01:06 Right to administrative review and fair hearing. 44:06:01:07 Confidentiality. Termination of eligibility for care coordination services or diagnostic and 44:06:01:08 consultation clinics. 44:06:01:08.01 Termination of eligibility for financial assistance Repealed. 44:06:01:09 Referrals. 44:06:01:10 Repealed.

44:06:01:08. Termination of eligibility for care coordination services or diagnostic

and consultation clinics. Eligibility for care coordination services or diagnostic and

consultation clinics the CSHS program ends if any of the following conditions exists:

(1) The client reaches the twenty-first birthday;

(2) The client is no longer a resident of the state; or

(3) The client does not have a chronic medical condition covered by CSHS; or

(4) The income of the client's family or legal guardian, responsible for the client's care,

exceeds the federal poverty guidelines specified in 44:06:04:01.

Source: 6 SDR 93, effective July 1, 1980; 8 SDR 155, effective May 27, 1982; 14 SDR

182, effective July 11, 1988; 20 SDR 91, effective December 19, 1993; 23 SDR 91, effective

December 9, 1996; 30 SDR 198, effective June 23, 2004; 33 SDR 106, effective December 26,

2006.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

44:06:01:08.01. Termination of eligibility for financial assistance. Eligibility for

financial assistance ends if any of the conditions in § 44:06:01:08 apply or the family's financial

status exceeds the guidelines specified in § 44:06:04:01 Repealed.

Source: 33 SDR 106, effective December 26, 2006.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

CHAPTER 44:06:02

ELIGIBILITY REQUIREMENTS

Section	
44:06:02:01	Transferred.
44:06:02:02	Eligibility for the CSHS program.
44:06:02:03	Repealed.
44:06:02:04	Financial assistance eligibility requirements.
44:06:02:05	Financial assistance authorized services requirements.
44:06:02:06	Treatment services financially covered.

44:06:02:02 Eligibility for the CSHS program. All of the following criteria must be met before individuals can be determined eligible for the CSHS program:

- (1) The client is a resident of South Dakota;
- (2) The client is under age 21;

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- (3) The client's chronic medical condition is coverable by CSHS; and
- (4) The client has a primary care physician who accepts responsibility for the individual's care. The income of the client's family or legal guardian, responsible for the client's care, meets the federal poverty guidelines specified in 44:06:04:01.

Source: 6 SDR 9s, effective July 1, 1980; 8 SDR 155, effective May 27, 1982; 9 SDR 162, effective June 20, 1983; 14 SDR 182, effective July 11, 1988; 20 SDR 91, effective December 19, 1993; eligibility requirements for diagnostic evaluation and consultation services transferred from § 44:06:02:01, 23 SDR 91 effective December 9, 1996; 30 SDR 198, effective June 23, 2004; 33 SDR 106, effective December 26, 2006; 34 SDR 93, effective October 17, 2007.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

44:06:02:04. Financial assistance eligibility requirements. Before any services may

be authorized or financial assistance provided, a written application must be submitted to the

CSHS program by the parent or legal guardian of the child seeking assistance using forms and

process designated by CSHS. Specific information required to determine eligibility for financial

assistance is child's chronic medical condition, proof of family's taxable income as listed on the

most recent tax return or proof of current monthly income, and family size. Reapplication is

required yearly or upon a change in family financial status or family size.

Applicants for CSHS financial assistance must apply for benefits from other programs for

which they may be eligible. The CSHS program may pay only after it has been determined the

applicant is not eligible for other programs. The CSHS program shall review all applications for

possible eligibility for other programs and shall make applicable referrals.

Source: 3 SDR 2, effective July 15, 1976; 6 SDR 93, effective July 1, 1980; 14 SDR 182,

effective July 11, 1988; 20 SDR 91, effective December 19, 1993; 23 SDR 91, effective

December 9, 1996; transferred from § 44:06:01:02, 30 SDR 198, effective June 23, 2004; 33

SDR 106, effective December 26, 2006.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

44:06:02:05. Financial assistance authorized services requirements. The CSHS

program shall provide written notice to authorize financial assistance for specified procedures

and treatment. Financial assistance for diagnostic, consultation, and treatment services is

provided on a cost share basis as specified in § 44:06:04:01. All services must be preauthorized. The authorization must outline the services covered, the time period of coverage, and the family's financial responsibility toward the service authorized. In an emergency, CSHS may give an oral authorization, but the parent or legal guardian of the child must notify CSHS within five working days of the emergency services.

Source: 3 SDR 2, effective July 15, 1976; 6 SDR 93, effective July 1, 1980; 8 SDR 155, effective May 27, 1982; 9 SDR 162, effective June 20, 1983; 14 SDR 182, effective July 11, 1988; 20 SDR 91, effective December 19, 1993; 23 SDR 91, effective December 9, 1996; transferred from § 44:06:01:04, 30 SDR 198, effective June 23, 2004.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

Cross-References: Eligibility for diagnostic and consultation clinics, § 44:06:02:02; Financial eligibility -- Schedule of discounts, § 44:06:04:01.

CHAPTER 44:06:03

PROVIDERS

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44:06:03:01	Standards for and approval of providers.
44:06:03:02	Out-of-state care.
44:06:03:03	Repealed.
44:06:03:04	Provider reimbursement.
44:06:03:05	Acceptance of payment.

44:06:03:04. Provider reimbursement. The CSHS program shall pay providers for

authorized services rendered according to the family's cost share and the following:

(1) If CSHS is the primary payer for physician, laboratory, radiology, and pharmacy

services, the reimbursement shall be at the Medicaid (Title XIX) reimbursement rates in

Appendix A, B, C, or D to chapters 67:16:02 and 67:16:14;

(2) If CSHS is the primary payer for inpatient or outpatient hospitalizations, the

reimbursement shall be at sixty-eight percent of allowable billed charges; or

(3) If CSHS is the secondary payer the reimbursement shall be the family copay amount;

or the balance after any insurance or health plan payment is first deducted from the provider's

bill.

Source: 6 SDR 93, effective July 1, 1980; 14 SDR 182, effective July 11, 1988; 20 SDR

91, effective December 19, 1993; 23 SDR 91, effective December 9, 1996; 30 SDR 198,

effective June 23, 2004; 33 SDR 106, effective December 26, 2006.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

44:06:03:05. Acceptance of payment. By the acceptance of a payment made by the

CSHS program, a provider agrees to accept the CSHS amount allowable plus the family's cost-

sharing amount as determined under § 44:06:04:02 as payment in full for services rendered.

Source: 14 SDR 182, effective July 11, 1988; 20 SDR 91, effective December 19, 1993.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

Code Commission Note: Appendix A to § 44:06:03:04, published separately, and Appendixes B, C, and D to § 44:06:03:04 were repealed by 14 SDR 182, effective July 11, 1988.

CHAPTER 44:06:04

FAMILY FINANCIAL PARTICIPATION

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44:06:04:01	Financial eligibility Schedule of discounts.
44:06:04:02	Financial need Cost-sharing Repealed.
44:06:04:03	Repealed.
44:06:04:04	Mileage reimbursement.

44:06:04:01. Financial eligibility — Schedule of discounts. Financial need under the CSHS program and the cost-sharing percentage for which the family is responsible are based on A client is eligible to receive financial assistance from the CSHS program if the income of the client's family or legal guardian, responsible for the client's care, is below 250 percent of the federal poverty guidelines established in 73 Fed. Reg. 3971-3972 (January 23, 2008).

A family's percentage of financial participation in the cost of CSHS authorized services is determined by the following sliding fee schedule:

- (1) Family income below 150 percent of federal poverty guidelines, no cost-sharing required;
- (2) Family income between 150 percent and 174 percent, inclusive, of federal poverty guidelines, 25 percent of costs;

(3) Family income between 175 percent and 199 percent, inclusive, of federal poverty

guidelines, 50 percent of costs;

(4) Family income between 200 percent and 224 percent, inclusive, of federal poverty

guidelines, 75 percent of costs;

(5) Family income 225 percent and above will be responsible for 100 percent of costs.

Source: 6 SDR 93, effective July 1, 1980; 8 SDR 155, effective May 27, 1982; 9 SDR

162, effective June 20, 1983; 14 SDR 182, effective July 11, 1988; 20 SDR 91, effective

December 19, 1993; 23 SDR 91, effective December 9, 1996; 30 SDR 198, effective June 23,

2004; 33 SDR 106, effective December 26, 2006; 33 SDR 212, effective June 4, 2007.

General Authority: , SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.

Cross-Reference: Financial assistance authorized services requirements, § 44:06:02:05.

44:06:04:02. Financial need -- Cost-sharing. The department shall evaluate a family's

financial need using the family's size and either the family's taxable income as listed on the

most recent tax return or the family's current monthly income. Proof of income is required. The

department shall redetermine financial need annually if financial eligibility is based on a tax

return. If any other document is used as proof of income, the department shall redetermine

financial need every six months.

If the family is eligible to receive financial assistance from CSHS the family is responsible

for the balance between the CSHS payment and the CSHS maximum allowable under

§ 44:06:03:04 for each service authorized by the CSHS program. Repealed.

Source: 6 SDR 93, effective July 1, 1980; 8 SDR 155, effective May 27, 1982; 14 SDR 182, effective July 11, 1988; 20 SDR 91, effective December 19, 1993; 23 SDR 91, effective December 9, 1996; 30 SDR 198, effective June 23, 2004; 33 SDR 106, effective December 26, 2006.

General Authority: SDCL 34-1-21.

Law Implemented: SDCL 34-1-21.